

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3220AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/06/2008
NAME OF PROVIDER OR SUPPLIER ANGEL PRESTIGE			STREET ADDRESS, CITY, STATE, ZIP CODE 3712 SPITZE DRIVE LAS VEGAS, NV 89103		
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Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the Annual State Licensure Survey conducted in your facility on November 6, 2008. This State Licensure Survey was conducted by the Health Division pursuant to the authority of NRS 449.150. The facility is licensed for ten (10) Residential Facility for Group beds for elderly, disabled, mental illness and chronic illness. Four (4) beds are licensed for Category 1 residents and six (6) beds are licensed as Category 2 residents. The census was 10. There were no complaints investigated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	Y 000	<p><i>Acceptable psc</i> <i>1/20/09</i> <i>PSuppa</i> <i>HSE</i></p> <p>RECEIVED JAN 20 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>		
Y 105	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: NRS 449.176 1. Each applicant for a license to operate a facility	Y 105			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	<p>Continued From page 1</p> <p>for intermediate care, facility for skilled nursing or residential facility for groups shall submit to the central repository for Nevada records of criminal history two complete sets of fingerprints for submission to the Federal Bureau of Investigation for its report.</p> <p>2. The central repository for Nevada records of criminal history shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 and immediately inform the administrator of the facility, if any, and the health division of whether the applicant has been convicted of such a crime.</p> <p>NRS 449.179</p> <p>1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall: (a) obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188; (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the central repository for Nevada records of criminal history the fingerprints obtained pursuant to paragraph (c).</p> <p>2. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for</p>	Y 105		

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Y 105	Continued From page 2 skilled nursing or a residential facility for groups is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his criminal history has been conducted by the central repository for Nevada records of criminal history with in the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449.188. 3. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least every 5 years. The administrator of person shall: (a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor; (b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (c) Submit the fingerprints to the central repository for Nevada records of criminal history. 4. Upon receiving fingerprints submitted pursuant to this section, the central repository for Nevada records of criminal history shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 and immediately inform the health division and the administrator of, or the person licensed to operate, the agency or facility at which the person works whether the employee or	Y 105		

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Y 105	<p>Continued From page 3</p> <p>independent contractor has been convicted of such a crime.</p> <p>5. The central repository for Nevada records of criminal history may impose a fee upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency or facility may recover from the employee or independent contractor not more than one-half of the fee imposed by the central repository. If the agency or facility requires the employee or independent contractor to pay for any part of the fee imposed by the central repository, it shall allow the employee or independent contractor to pay the amount through periodic payments.</p> <p>NRS 449.182 Each agency to provide nursing in the home, facility for intermediate care, facility for skilled nursing and residential facility for groups shall maintain accurate records of the information concerning its employees and independent contractors collected pursuant to NRS 449.179, and shall maintain a copy of the fingerprints submitted to the central repository for its report. These records must be made available for inspection by the health division at any reasonable time and copies thereof must be furnished to the health division upon request.</p> <p>NRS 449.185</p> <p>1. Upon receiving information from the central repository for Nevada records of criminal history pursuant to NRS 449.179, or evidence from any other source, that an employee or independent contractor of an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188, the administrator of, or the person licensed to</p>	Y 105		

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Y 105	<p>Continued From page 4</p> <p>operate, the agency or facility shall terminate the employment or contract of that person after allowing him time to correct the information as required pursuant to subsection 2.</p> <p>2. If the employee or independent contractor believes that the information provided by the central repository is incorrect, he may immediately inform the agency or facility. An agency or facility that is so informed shall give the employee or independent contractor a reasonable amount of time of not less than 30 days to correct the information received from the central repository before terminating employment or contract of the person pursuant to subsection 1.</p> <p>3. An agency or facility that has complied with NRS 449.179 may not be held civilly or criminally liable based solely upon the ground that the agency or facility allowed an employee or independent contractor to work;</p> <p>(a) Before it received the information concerning the employee or independent contractor from the central repository;</p> <p>(b) During any period required pursuant to subsection 2 to allow the employee or independent contractor to correct that information;</p> <p>(c) Based on the information received from the central repository, if the information received from the central repository was inaccurate; or</p> <p>(d) Any combination thereof.</p> <p>An agency or facility may be held liable for any other conduct determined to be negligent or unlawful.</p> <p>NRS 449.188 Denial, suspension or revocation of license to operate certain facility or agency: Conviction of applicant or licensee of certain crime or continued employment of person convicted of certain crime.</p> <p>1. In addition to the grounds listed in NRS</p>	Y 105		

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Y 105	Continued From page 5 449.160, the Health Division may deny a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups to an applicant or may suspend or revoke the license of a licensee to operate such a facility if: (a) The applicant or licensee has been convicted of: (1) Murder, voluntary manslaughter or mayhem; (2) Assault with intent to kill or to commit sexual assault or mayhem; (3) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime; (4) Abuse or neglect of a child or contributory delinquency; (5) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the past 7 years; (6) Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct; (7) A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct, within the immediately preceding 7 years; (8) A violation of any provision of NRS 422.450 to 422.590, inclusive; (9) A criminal offense under the laws governing Medicaid or Medicare, within the immediately preceding 7 years; (10) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within	Y 105		

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Y 105	<p>Continued From page 6</p> <p>the immediately preceding 7 years; or (11) Any other felony involving the use of a firearm or other deadly weapon, within the immediately preceding 7 years; or (b) The licensee has, in violation of NRS 449.185, continued to employ a person who has been convicted of a crime listed in paragraph (a).</p> <p>2. In addition to the grounds listed in NRS 449.160, the Health Division may deny a license to operate an agency to provide personal care services in the home or an agency to provide nursing in the home to an applicant or may suspend or revoke the license of a licensee to operate such an agency if the licensee has, in violation of NRS 449.185, continued to employ a person who has been convicted of a crime listed in paragraph (a) of subsection 1.</p> <p>3. As used in this section: (a) "Medicaid" has the meaning ascribed to it in NRS 439B.120. (b) "Medicare" has the meaning ascribed to it in NRS 439B.130. (Added to NRS by 1997, 444; A 1999, 1948)</p> <p>Based on record review, the facility failed to ensure a background check was completed every 5 years for 1 of 4 employees (Employee #2).</p> <p>Findings include:</p> <p>Employee #2</p> <p>Employee #2 was employed 7/15/02. There was no documented evidence of fingerprinting results from the Nevada Repository every 5 years. (The most recent documented fingerprinting results were dated 9/23/02, negative findings.)</p> <p>Severity: 2 Scope: 1</p>	Y 105	<p>Y105 <u>PERSONNEL FILE-BACKGROUND CHECK</u></p> <p>1. Employees will have initial background check and at least every five (5) years.</p> <p>2. Administrator/Designee will check employee files ^{FILE} evidence of fingerprinting results. per attached checklist #1.</p> <p>3. By January 30, 2009</p>	

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Y 936	<p>449.2749(1)(e) Resident file</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.</p> <p>2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall:</p> <p>(a) Before admitting a person to the facility or home, determine if the person:</p> <p>(1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive;</p> <p>(3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who</p>	Y 936		

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Y 936	Continued From page 8 has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.	Y 936		

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Y 936	Continued From page 9 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a	Y 936			

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Y 936	<p>Continued From page 10</p> <p>person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.</p> <p>Based on record review, the facility failed to ensure tuberculin testing was completed in accordance with NAC 441A.380 for 3 of 10 residents (Resident #2, #3, #4).</p> <p>Findings include:</p> <p>Resident #2</p> <p>Resident #2 was admitted 8/20/08. There was no documented evidence of an annual 1-step Mantoux tuberculin skin test following the initial 2-step Mantoux tuberculin skin test dated 5/31/07, 0 mm results.</p> <p>Resident #3</p> <p>Resident #3 was admitted 4/18/06. There was no documented evidence of an annual 1-step Mantoux tuberculin skin test following the initial 2-step Mantoux tuberculin skin test dated 2/8/05, 0 mm results.</p>	Y 936	<p><u>Y936 RESIDENT FILE -TB TESTING</u></p> <p>1. Residents will have 2-step Mantoux TB skin test within five (5) days of admission kept in the file and one 1-(1) step annually thereafter</p> <p>2. Administrator/Designee will monitor per attached checklist #1.</p> <p>3. By January 30, 2009.</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3220AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/06/2008
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 936	Continued From page 11 Resident #4 Resident #4 was admitted 11/23/04. There was no documented evidence of an annual 1-step Mantoux tuberculin skin test following the 1-step Mantoux tuberculin skin test dated 11/17/05 , 0 mm results. Severity: 2 Scope: 3	Y 936			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

ID2Y11

If continuation sheet 12 of 12

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JAN 20 2009

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA